

JOHNSONBURG AREA ELEMENTARY SCHOOL

1536 Wilcox Road
Johnsonburg, PA 15845
Phone: (814) 965-2577
Fax: (814) 965-4101

PARENTAL REQUEST FOR EDUCATIONAL TRIPS NOT SCHOOL SPONSORED

STUDENT: _____ HOMEROOM: _____

Parent/Guardian: _____ Telephone #: _____

Address: _____

We the parent/guardian of _____ wish to have him/her
excused from school on _____ through _____ for
the purpose of what we consider to be an educational trip.

Destination: _____

In order for your child's trip to be "excused" (providing the trip is approved), the following section must be completed.

We believe the following to be the educational value of the trip.

Signature of Parent/Guardian _____

Principal _____

APPROVED

DISAPPROVED

NUMBER OF DAYS EXCUSED: _____

FOR DISTRICT USE ONLY: Students who have been excused from school for Parental Trips will be marked absent from school on those days away from school.

cc: Office
Nurse
Homeroom Teacher